

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 1031**

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

1 P.M. July 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edward Charles Clifford

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

8

Years,

6

Months,

8

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore, Md.

Duration of Residence in the City of Baltimore,

life time

Place of Death, { Give Street and Number. }

1817 E. Lombard St.

Cause of Death, { First (Primary),

Diphtheria complicated with cough

Second (Immediate),

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 8th 1887

{ Undertaker, H. A. Dwyer, Atty.

{ Place of Business, 229 S. Bry.

E. P. Jones

M. D.

Medical Attendant.

Address, 1835 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1032 Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 7th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank A. Herkenhain

Sex, Male Female, { Cross out the word not required in this line. }

Age, One Year, 1 Months, One Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. }

435 N. Central Ave

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum & Intermittent Fever
Brain trouble

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery.

Date of Burial, July 8. 1887.

Undertaker, Wm. H. Hickman.

M. D.

Medical Attendant.

Place of Business, 234 N. Gay.

Address, 439 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department City of Baltimore.

Permit No. A 1033 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours, after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

John Baum

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 45 Years, 6 Months, 7 Days.

Color, Wht.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

city

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

city

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

No. 309 N. Chappelle

Cause of Death, { First (Primary), Acute Enteritis Second (Immediate), _____ }

Duration of Last Sickness, 48 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, July 8th

Alexander Hill

M. D.

Undertaker, Dr. Dippel

Medical Attendant.

Place of Business, 151 S. Bond

Address, Coroner.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A 1037 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, July 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Miller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, Months, 15 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 400 S. Ester

Cause of Death, { First (Primary), Cholera infantum Second (Immediate), Convulsions }

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Con

Date of Burial, July 8th Geo. B. Reynolds

Undertaker, W. Dippel M. D.

Place of Business, 757 Bond St Address, 711 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

Permit No. A 1035 Office of Registrar of Vital Statistics. Ward 747

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Adam Schneider

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 67 Years,

Months,

Days

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Tailor

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 33 - years

Place of Death, { Give Street and Number. }

1127 - Sammick St

Cause of Death, { First (Primary),

Cholera Morbus

Second (Immediate),

Croup

Duration of Last Sickness,

three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, July 9, 1887

Undertaker, Henry Lush

Medical Attendant.

Place of Business, 1023 Pennsylvania Avenue

Address, 2100 - Maryland

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

Health Department, City of Baltimore.

Permit No. A 1036

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Henry Ties

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 Years, 2 Months, 12 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Child

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1414 E Chase Street

Cause of Death, { First (Primary), unknown Second (Immediate), Eclampsia }

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, July 10, 1887

Undertaker, Henry Koch

Place of Business, 1023 Central Avenue

Address, 1010 Anagnosio St

Chas Henry Ties M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

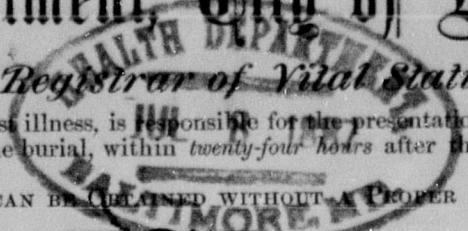
Permit No. A 1037

Office of Registrar of Vital Statistics.

Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 6 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 68 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Rag & Bone Dealer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 229 Wall Street

Cause of Death, { First (Primary), Second (Immediate), } Paralysis of Head

Duration of Last Sickness, Few Minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 8th 1887

Undertaker, H. H. Dungee

Place of Business, 150 East St

Address, 403 W Broadway

M. D.

Medical Attendant.

[OVER.]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1028 Office of Registrar of Vital Statistics. Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 7, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bertha Schmidt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 Years, — Months, — Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Germany - one week

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

One week

Duration of Residence in the City of Baltimore,

University Hospital

Place of Death, { Give Street and Number. }

Puerperal Septicæmia

Cause of Death, { First (Primary),
Second (Immediate), }

Exhaustion

Duration of Last Sickness,

Two days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

C. W. Mitchell M. D.

Date of Burial, July 8, 1887

Medical Attendant.

{ Undertaker, A. Dander & Son

{ Place of Business, 1710 Canton Avenue, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

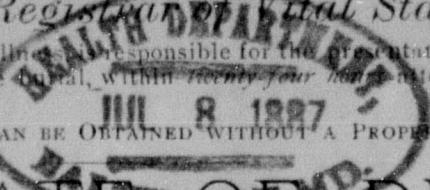
[OVER.]

Board of Health, City of Baltimore,

Permit No. **A 1039** Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. **B**Date of Death, **July 7 1887**Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } **Mary Bader**Sex Male or Female, { Cross out the word not required in this line. } **Female**Age, **2 Years** **8 Months** **8 Days**Color, **White**Married, Single, Widow or Widower, { Cross out the word not required in this line. } **Single**Occupation **—**Birthplace, { State or country, and how long in the United States. } **U.S.**Duration of Residence in the City of Baltimore, **Life**Place of Death, { Give street and Number. } **2425 Aliceau St**Cause of Death, { First (Primary). } **Cholera**Cause of Death, { Second (Immediate). } **Infantum**Duration of Last Sickness, **2 days**

All the above information should be furnished by the Physician.

Place of Burial, **St. Peter's cemetery**Date of Burial, **July 8th 1887****Eliza Elan** M. D.

Medical Attendant.

Undertaker **H. Sanders**Place of Business **1710 Canton St**Address, **1015 E. Baltimore**

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. A 1040 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Dipp

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 2 Years, 7 Months, 7 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } X

Occupation, City Life

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 600 Circuit Alley

Cause of Death, { First (Primary), Rickets, Bronchitis-Pneumonia, Second (Immediate), Exhaustion, Pulmonary Edema }

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, July 8

{ Undertaker, Samuel Charles

{ Place of Business, 76. Patson St Address,

C. O. Miller

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]